

## **Division of Health Care Financing**

### **Procedure for Requesting a Certificate of Creditable Coverage:**

If a client does need a certificate of coverage, they can call the Medicaid information line at **800-662-9651**. They should choose menu option #2 (“If you are receiving Medicaid benefits...”) and then choose option #4 (“If you need to request a Certificate of Creditable Coverage”). This is a dedicated Certificate of Coverage information line (for the Salt Lake area they can call directly to 538-6714). The voice message for this line briefly explains Certificates of Coverage and requests pertinent information the client can leave on the voice mail. The Certificate of Coverage will be created manually and mailed in approximately five working days.

If the request is urgent (can’t wait the five working days) or there are problems or questions contact Butch Luers at 801-538-9323.

**Nancy Thomson no longer does manual Certificates of Coverage. This duty is assigned to another DHCF employee. Please do not give clients Nancy Thomson’s direct line.**

### **Certificates of Coverage**

The Certificate of Creditable Coverage is intended to establish an individual's prior creditable coverage for purposes of reducing the extent to which a plan or issuer offering health coverage in the group market can apply a pre-existing condition exclusion. The certificate of creditable coverage is a written document that reflects certain details about an individual's creditable health coverage. Staff must be sure that a person really needs a certificate of coverage before they refer them to request one.

Certificates of Coverage provide proof of continuous or previous medical coverage by a viable health plan. A Certificate of Coverage will reduce or eliminate the waiting period for pre-existing illness depending on the client’s health insurance plan. It is not a factor of eligibility nor is it necessary to have a Certificate of Coverage in applying for health insurance. A Certificate of Coverage does not show closure, therefore, if the client is trying to prove that they no longer have insurance (Medicaid, CHIP, PCN) to apply for private health insurance without having to wait until the open enrollment time, then the Notice of Decision showing closure is all that is necessary. The Notice of Decision showing case closure is obtained from the Eligibility Worker. More and more insurance companies and HR departments are wanting a “completed” application package which would include a Certificate of Coverage. A Certificate of Coverage will be automatically generated approximately 60 days after closure. The client should go ahead and apply for the insurance and then provide the Certificate of Coverage when they receive it. Obtaining a Certificate of Coverage is not an emergency situation.

Usually a Certificate of Coverage would be requested if there is a pre-existing condition, the client or a covered family member is having surgery prior to receiving one, the client is applying for health insurance in addition to Medicaid, the client moved, or lost the original one. The client should not be automatically referred to obtain a Certificate of Coverage at the time of closure.

A Certificate of Coverage will only go back 18 months to show the coverage. A provider cannot bill from a Certificate of Coverage, so if a client has a bill from a provider and needs to show that they had Medicaid, CHIP or PCN during the month(s) of service, then the client needs a duplicate copy of their card for the month(s) of the bill in question. Duplicate cards can be obtained from the Eligibility Worker or the office where the client’s Medicaid, CHIP or PCN case is.

A Certificate of Coverage can only be requested by the Primary Informant or their representative. A Certificate of Coverage cannot be faxed to HR departments or to insurance companies without a written release from the Primary Informant or their representative.